

D1D

PLACE
FIRST-CLASS
STAMP
HERE



P.O. Box 172002
Denver, Colorado 80217-2002

PRODUCT REGISTRATION DEPARTMENT

Please do not send any products or correspondence to this address.

**Master
MECHANIC[®]**
Power Tools

PRODUCT REGISTRATION CARD IMPORTANT!

Please Fill Out And Return Within The Next 10 Days

This is your Master Mechanic Power Tool Product Registration Card. Proper registration may serve as proof of purchase in the event your original receipt becomes misplaced or lost. Returning this card will not affect warranty coverage, but may expedite the processing of any warranty claims and enable you to contact us in the event of loss or theft. The additional information will also help us to develop new products that best meet your needs and desires. THANK YOU!!!

1. ☐ Mr. 2. ☐ Mrs. 3. ☐ Ms. 4. ☐ Miss

D1D

First Name

Initial

Last Name

Street

Apt. No.

City

State

Zip

2. Date of Purchase:

Month		Day		Year	

3. Please enter the model number and indicate the type of Master Mechanic Power Tool purchased:

Model #							
---------	--	--	--	--	--	--	--

- | | |
|--|--|
| 1. <input type="checkbox"/> Circular Saw | 9. <input type="checkbox"/> Bench Top Tool |
| 2. <input type="checkbox"/> Cordless Drill | 10. <input type="checkbox"/> Plane |
| 3. <input type="checkbox"/> Cordless Screwdriver | 11. <input type="checkbox"/> Chain Saw |
| 4. <input type="checkbox"/> Corded Drill | 12. <input type="checkbox"/> Trimmer/Hedger |
| 5. <input type="checkbox"/> Jigsaw | 13. <input type="checkbox"/> Router |
| 6. <input type="checkbox"/> Belt Sander | 14. <input type="checkbox"/> Rotary |
| 7. <input type="checkbox"/> Orbital Sander | 15. <input type="checkbox"/> Other (Specify) _____ |
| 8. <input type="checkbox"/> Hammer Drill | |

8. How were you first made aware of this Master Mechanic Power Tool?

- | | |
|--|---|
| 1. <input type="checkbox"/> T.V. Ad | 6. <input type="checkbox"/> Friend's Recommendation |
| 2. <input type="checkbox"/> Magazine Ad | 7. <input type="checkbox"/> Noticed tool in use |
| 3. <input type="checkbox"/> Newspaper Ad | 8. <input type="checkbox"/> Other (Specify) _____ |
| 4. <input type="checkbox"/> Store Display | |
| 5. <input type="checkbox"/> Salesperson's Recommendation | |

9. Which factor(s) most influenced your decision to purchase this Master Mechanic Power Tool?

- | | |
|--|--|
| 1. <input type="checkbox"/> Master Mechanic Reputation | 7. <input type="checkbox"/> Previous Usage |
| 2. <input type="checkbox"/> Price | 8. <input type="checkbox"/> Appearance/Design |
| 3. <input type="checkbox"/> Quality | 9. <input type="checkbox"/> Durability |
| 4. <input type="checkbox"/> Warranty | 10. <input type="checkbox"/> Unique Features |
| 5. <input type="checkbox"/> Friend's Recommendation | 11. <input type="checkbox"/> Received as a Gift |
| | 12. <input type="checkbox"/> Other (Specify) _____ |

- 4a. Is this Master Mechanic Power Tool a first purchase or a replacement of a similar power tool?

1. ☐ First purchase of this type of power tool

2. ☐ Replacement of a similar power tool

- 4b If the Master Mechanic Power Tool is a replacement, was the previously owned power tool a Master Mechanic brand?

1. ☐ Yes 2. ☐ No

5. Store where Master Mechanic Power Tool was purchased:

1. ☐ Hardware Store 4. ☐ Mail Order
2. ☐ Home Center 5. ☐ Other (Specify) _____
3. ☐ Lumber/Building Supply

6. Where will this Master Mechanic Power Tool be primarily used?

1. ☐ At home by a beginning do-it-yourselfer (1-2 projects per year)
2. ☐ At home by an intermediate do-it-yourselfer (3-4 projects per year)
3. ☐ At home by an advanced do-it-yourselfer (more than 4 projects per year)
4. ☐ On the job

7. Please check other power tools that you own:

	Master Mechanic Brand	Skill Brand	Other Brand
1. Circular Saw	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
2. Cordless Drill	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
3. Cordless Screwdriver	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
4. Corded Drill	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
5. Jigsaw	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
6. Belt Sander	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
7. Orbital Sander	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
8. Hammer Drill	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
9. Bench Top Tool	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
10. Plane	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
11. Chain Saw	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
12. Trimmer/Hedger	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
13. Router	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
14. Rotary	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
15. Other	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
16. None	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>

6. ☐ Salesperson's Recommendation

10. Date of birth of person whose name appears above:

		1	9		
Month		Year			

11. Marital Status:

1. ☐ Married 3. ☐ Widowed
2. ☐ Divorced/Separated 4. ☐ Single/Never Married

12. Occupation:

	You	Spouse
Homemaker	1. <input type="checkbox"/>	1. <input type="checkbox"/>
Professional/Technical	2. <input type="checkbox"/>	2. <input type="checkbox"/>
Executive/Administrator	3. <input type="checkbox"/>	3. <input type="checkbox"/>
Middle Management	4. <input type="checkbox"/>	4. <input type="checkbox"/>
Sales/Marketing	5. <input type="checkbox"/>	5. <input type="checkbox"/>
Clerical	6. <input type="checkbox"/>	6. <input type="checkbox"/>
Craftworker	7. <input type="checkbox"/>	7. <input type="checkbox"/>
Machine Oper./Laborer	8. <input type="checkbox"/>	8. <input type="checkbox"/>
Service Worker	9. <input type="checkbox"/>	9. <input type="checkbox"/>
Retired	10. <input type="checkbox"/>	10. <input type="checkbox"/>
Student	11. <input type="checkbox"/>	11. <input type="checkbox"/>
Self Employed/Business Owner	12. <input type="checkbox"/>	12. <input type="checkbox"/>

13. What are the ages of all children living at home.

☐ NONE
☐ Under 1 ☐ 5 yrs. ☐ 10 yrs. ☐ 15 yrs.
☐ 1 yr. ☐ 6 yrs. ☐ 11 yrs. ☐ 16 yrs.
☐ 2 yrs. ☐ 7 yrs. ☐ 12 yrs. ☐ 17 yrs.
☐ 3 yrs. ☐ 8 yrs. ☐ 13 yrs. ☐ 18 yrs.
☐ 4 yrs. ☐ 9 yrs. ☐ 14 yrs. ☐ 19+

14. Which group describes your annual family income:

1. ☐ Under \$14,999 7. ☐ \$40,000-\$44,999
2. ☐ \$15,000-\$19,999 8. ☐ \$45,000-\$49,999
3. ☐ \$20,000-\$24,999 9. ☐ \$50,000-\$59,999
4. ☐ \$25,000-\$29,999 10. ☐ \$60,000-\$74,999
5. ☐ \$30,000-\$34,999 11. ☐ \$75,000-\$99,999
6. ☐ \$35,000-\$39,999 12. ☐ \$100,000 & over

(OVER)

Please seal or tape. Do not staple.

15. Which of the following do you use regularly?

1. ☐ American Express, Diners Club, Carte Blanche
2. ☐ Bank credit card (MasterCard, Visa)
3. ☐ Gas, Dept. store, etc. credit card(s)
4. ☐ Airline club/frequent flyer program
5. ☐ None of the above

16. For your primary residence, do you:

1. ☐ Own a house?
2. ☐ Rent a house?
3. ☐ Rent an apartment?
4. ☐ Own a townhouse or condominium?

17. To help us understand our customers' lifestyles, please indicate the interests and activities in which you or your spouse enjoy participating on a regular basis:

- | | | |
|--|---|--|
| 01. <input type="checkbox"/> Bicycle Touring/Racing | 20. <input type="checkbox"/> Automotive Work | 39. <input type="checkbox"/> Coin/Stamp Collecting |
| 02. <input type="checkbox"/> Golf | 21. <input type="checkbox"/> Electronics | 40. <input type="checkbox"/> Collectibles/Collections |
| 03. <input type="checkbox"/> Physical Fitness/Exercise | 22. <input type="checkbox"/> Home Workshop/Do It Yourself | 41. <input type="checkbox"/> Our Nation's Heritage |
| 04. <input type="checkbox"/> Running/Jogging | 23. <input type="checkbox"/> Motorcycles | 42. <input type="checkbox"/> Real Estate Investments |
| 05. <input type="checkbox"/> Snow Skiing Frequently | 24. <input type="checkbox"/> Recreational Vehicles | 43. <input type="checkbox"/> Stock/Bond Investments |
| 06. <input type="checkbox"/> Tennis Frequently | 25. <input type="checkbox"/> Stereo, Records/Tapes/Discs | 44. <input type="checkbox"/> Veterans Benefits/Programs |
| 07. <input type="checkbox"/> Bowling | 26. <input type="checkbox"/> Avid Book Reading | 45. <input type="checkbox"/> Entering Sweepstakes |
| 08. <input type="checkbox"/> Camping/Hiking | 27. <input type="checkbox"/> Bible/Devotional Reading | 46. <input type="checkbox"/> Home Video Games |
| 09. <input type="checkbox"/> Fishing Frequently | 28. <input type="checkbox"/> Current Affairs/Politics | 47. <input type="checkbox"/> Household Pets (cats, dogs, etc.) |
| 10. <input type="checkbox"/> Hunting/Shooting | 29. <input type="checkbox"/> Health Foods/Vitamins | 48. <input type="checkbox"/> Money Making Opportunities |
| 11. <input type="checkbox"/> Power Boating | 30. <input type="checkbox"/> House Plants | 49. <input type="checkbox"/> Science Fiction |
| 12. <input type="checkbox"/> Sailing | 31. <input type="checkbox"/> Photography | 50. <input type="checkbox"/> Wildlife/Environment Issues |
| 13. <input type="checkbox"/> Crafts | 32. <input type="checkbox"/> Attend Cultural/Arts Events | 51. <input type="checkbox"/> Career-Oriented Activities |
| 14. <input type="checkbox"/> Crossword Puzzles | 33. <input type="checkbox"/> Charities/Volunteer Activities | 52. <input type="checkbox"/> Personal/Home Computers |
| 15. <input type="checkbox"/> Grandchildren | 34. <input type="checkbox"/> Fashion Clothing | 53. <input type="checkbox"/> Science/New Technology |
| 16. <input type="checkbox"/> Needlework/Knitting | 35. <input type="checkbox"/> Fine/Art Antiques | 54. <input type="checkbox"/> Self Improvement |
| 17. <input type="checkbox"/> Outdoor Gardening | 36. <input type="checkbox"/> Foreign Travel | 55. <input type="checkbox"/> VCR Recording/Viewing |
| 18. <input type="checkbox"/> Sewing | 37. <input type="checkbox"/> Gourmet Cooking/Fine Foods | 56. <input type="checkbox"/> Watching Cable TV |
| 19. <input type="checkbox"/> Walking for Health | 38. <input type="checkbox"/> Wines | 57. <input type="checkbox"/> Watching Sports on TV |

18. From the above list, please indicate the numbers representing the 3 most important activities for:You Spouse

Thanks for taking the time to fill out this questionnaire. Your answers will be used for market research studies and reports — and will help us better serve you in the future. They will also allow you to receive important mailings and special offers from a number of fine companies whose products and services relate directly to the specific interests, hobbies, and other information indicated above. Through this selective program, you will be able to obtain more information about activities in which you are involved and less about those in which you are not. Please check here, if for some reason, you would prefer *not* to participate in this opportunity. ☐

This is your Master Mechanic Power Tool Product Registration Card. Proper registration may serve as proof of purchase in the event your original receipt becomes misplaced or lost. Returning this card will not affect warranty coverage, but may expedite the processing of any warranty claims and enable you to contact us in the event of loss or theft. The additional information will also help us to develop new products that best meet your needs and desires. **THANK YOU!!!**

1. ☐ Mr. 2. ☐ Mrs. 3. ☐ Ms. 4. ☐ Miss

D1D

First Name										Initial		Last Name									
Street																		Apt. No.			
City												State				Zip					

2. Date of Purchase:
Month Day Year

3. Please enter the model number and indicate the type of Master Mechanic Power Tool purchased:

Model #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

- | | |
|--|--|
| 1. <input type="checkbox"/> Circular Saw | 9. <input type="checkbox"/> Bench Top Tool |
| 2. <input type="checkbox"/> Cordless Drill | 10. <input type="checkbox"/> Plane |
| 3. <input type="checkbox"/> Cordless Screwdriver | 11. <input type="checkbox"/> Chain Saw |
| 4. <input type="checkbox"/> Corded Drill | 12. <input type="checkbox"/> Trimmer/Hedger |
| 5. <input type="checkbox"/> Jigsaw | 13. <input type="checkbox"/> Router |
| 6. <input type="checkbox"/> Belt Sander | 14. <input type="checkbox"/> Rotary |
| 7. <input type="checkbox"/> Orbital Sander | 15. <input type="checkbox"/> Other (Specify) |
| 8. <input type="checkbox"/> Hammer Drill | |

- 4a. Is this Master Mechanic Power Tool a first purchase or a replacement of a similar power tool?

1. ☐ First purchase of this type of power tool
2. ☐ Replacement of a similar power tool

- 4b. If the Master Mechanic Power Tool is a replacement, was the previously owned power tool a Master Mechanic brand?

1. ☐ Yes 2. ☐ No

5. Store where Master Mechanic Power Tool was purchased:

- | | |
|--|---|
| 1. <input type="checkbox"/> Hardware Store | 4. <input type="checkbox"/> Mail Order |
| 2. <input type="checkbox"/> Home Center | 5. <input type="checkbox"/> Other (Specify) |
| 3. <input type="checkbox"/> Lumber/Building Supply | |

6. Where will this Master Mechanic Power Tool be primarily used?

1. ☐ At home by a beginning do-it-yourselfer (1-2 projects per year)
2. ☐ At home by an intermediate do-it-yourselfer (3-4 projects per year)
3. ☐ At home by an advanced do-it-yourselfer (more than 4 projects per year)
4. ☐ On the job

7. Please check other power tools that you own:

	Master Mechanic Brand	Skill Brand	Other Brand
1. Circular Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cordless Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cordless Screwdriver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Corded Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Jigsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Belt Sander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Orbital Sander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hammer Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bench Top Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Chain Saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Trimmer/Hedger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Router	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Rotary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How were you first made aware of this Master Mechanic Power Tool?

- | | |
|--|---|
| 1. <input type="checkbox"/> T.V. Ad | 6. <input type="checkbox"/> Friend's Recommendation |
| 2. <input type="checkbox"/> Magazine Ad | 7. <input type="checkbox"/> Noticed tool in use |
| 3. <input type="checkbox"/> Newspaper Ad | 8. <input type="checkbox"/> Other (Specify) |
| 4. <input type="checkbox"/> Store Display | |
| 5. <input type="checkbox"/> Salesperson's Recommendation | |

9. Which factor(s) most influenced your decision to purchase this Master Mechanic Power Tool?

- | | |
|--|---|
| 1. <input type="checkbox"/> Master Mechanic Reputation | 7. <input type="checkbox"/> Previous Usage |
| 2. <input type="checkbox"/> Price | 8. <input type="checkbox"/> Appearance/Design |
| 3. <input type="checkbox"/> Quality | 9. <input type="checkbox"/> Durability |
| 4. <input type="checkbox"/> Warranty | 10. <input type="checkbox"/> Unique Features |
| 5. <input type="checkbox"/> Friend's Recommendation | 11. <input type="checkbox"/> Received as a Gift |
| 6. <input type="checkbox"/> Salesperson's Recommendation | 12. <input type="checkbox"/> Other (Specify) |

10. Date of birth of person whose name appears above:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	1	9	Year

11. Marital Status:

- | | |
|--|--|
| 1. <input type="checkbox"/> Married | 3. <input type="checkbox"/> Widowed |
| 2. <input type="checkbox"/> Divorced/Separated | 4. <input type="checkbox"/> Single/Never Married |

12. Occupation:

	You	Spouse
Homemaker	1. <input type="checkbox"/>	1. <input type="checkbox"/>
Professional/Technical	2. <input type="checkbox"/>	2. <input type="checkbox"/>
Executive/Administrator	3. <input type="checkbox"/>	3. <input type="checkbox"/>
Middle Management	4. <input type="checkbox"/>	4. <input type="checkbox"/>
Sales/Marketing	5. <input type="checkbox"/>	5. <input type="checkbox"/>
Clerical	6. <input type="checkbox"/>	6. <input type="checkbox"/>
Craftworker	7. <input type="checkbox"/>	7. <input type="checkbox"/>
Machine Oper./Laborer	8. <input type="checkbox"/>	8. <input type="checkbox"/>
Service Worker	9. <input type="checkbox"/>	9. <input type="checkbox"/>
Retired	10. <input type="checkbox"/>	10. <input type="checkbox"/>
Student	11. <input type="checkbox"/>	11. <input type="checkbox"/>
Self Employed/Business Owner	12. <input type="checkbox"/>	12. <input type="checkbox"/>

13. What are the ages of all children living at home.

- ☐ NONE
☐ Under 1 ☐ 5 yrs. ☐ 10 yrs. ☐ 15 yrs.
☐ 1 yr. ☐ 6 yrs. ☐ 11 yrs. ☐ 16 yrs.
☐ 2 yrs. ☐ 7 yrs. ☐ 12 yrs. ☐ 17 yrs.
☐ 3 yrs. ☐ 8 yrs. ☐ 13 yrs. ☐ 18 yrs.
☐ 4 yrs. ☐ 9 yrs. ☐ 14 yrs. ☐ 19+

14. Which group describes your annual family income:

- | | |
|---|--|
| 1. <input type="checkbox"/> Under \$14,999 | 7. <input type="checkbox"/> \$40,000-\$44,999 |
| 2. <input type="checkbox"/> \$15,000-\$19,999 | 8. <input type="checkbox"/> \$45,000-\$49,999 |
| 3. <input type="checkbox"/> \$20,000-\$24,999 | 9. <input type="checkbox"/> \$50,000-\$59,999 |
| 4. <input type="checkbox"/> \$25,000-\$29,999 | 10. <input type="checkbox"/> \$60,000-\$74,999 |
| 5. <input type="checkbox"/> \$30,000-\$34,999 | 11. <input type="checkbox"/> \$75,000-\$99,999 |
| 6. <input type="checkbox"/> \$35,000-\$39,999 | 12. <input type="checkbox"/> \$100,000 & over |

(OVER)



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Denver, Colorado 80217-2002

PRODUCT REGISTRATION DEPARTMENT

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15. Which of the following do you use regularly?

1. ☐ American Express, Diners Club, Carte Blanche
2. ☐ Bank credit card (MasterCard, Visa)
3. ☐ Gas, Dept. store, etc. credit card(s)
4. ☐ Airline club/frequent flyer program
5. ☐ None of the above

16. For your primary residence, do you:

1. ☐ Own a house?
2. ☐ Rent a house?
3. ☐ Rent an apartment?
4. ☐ Own a townhouse or condominium?

17. To help us understand our customers' lifestyles, please indicate the interests and activities in which you or your spouse enjoy participating on a regular basis:

- | | | |
|--|---|--|
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| 02. <input type="checkbox"/> Golf | 21. <input type="checkbox"/> Electronics | 40. <input type="checkbox"/> Collectibles/Collections |
| 03. <input type="checkbox"/> Physical Fitness/Exercise | 22. <input type="checkbox"/> Home Workshop/Do It Yourself | 41. <input type="checkbox"/> Our Nation's Heritage |
| 04. <input type="checkbox"/> Running/Jogging | 23. <input type="checkbox"/> Motorcycles | 42. <input type="checkbox"/> Real Estate Investments |
| 05. <input type="checkbox"/> Snow Skiing Frequently | 24. <input type="checkbox"/> Recreational Vehicles | 43. <input type="checkbox"/> Stock/Bond Investments |
| 06. <input type="checkbox"/> Tennis Frequently | 25. <input type="checkbox"/> Stereo, Records/Tapes/Discs | 44. <input type="checkbox"/> Veterans Benefits/Programs |
| 07. <input type="checkbox"/> Bowling | 26. <input type="checkbox"/> Avid Book Reading | 45. <input type="checkbox"/> Entering Sweepstakes |
| 08. <input type="checkbox"/> Camping/Hiking | 27. <input type="checkbox"/> Bible/Devotional Reading | 46. <input type="checkbox"/> Home Video Games |
| 09. <input type="checkbox"/> Fishing Frequently | 28. <input type="checkbox"/> Current Affairs/Politics | 47. <input type="checkbox"/> Household Pets (cats, dogs, etc.) |
| 10. <input type="checkbox"/> Hunting/Shooting | 29. <input type="checkbox"/> Health Foods/Vitamins | 48. <input type="checkbox"/> Money Making Opportunities |
| 11. <input type="checkbox"/> Power Boating | 30. <input type="checkbox"/> House Plants | 49. <input type="checkbox"/> Science Fiction |
| 12. <input type="checkbox"/> Sailing | 31. <input type="checkbox"/> Photography | 50. <input type="checkbox"/> Wildlife/Environment Issues |
| 13. <input type="checkbox"/> Crafts | 32. <input type="checkbox"/> Attend Cultural/Arts Events | 51. <input type="checkbox"/> Career-Oriented Activities |
| 14. <input type="checkbox"/> Crossword Puzzles | 33. <input type="checkbox"/> Charities/Volunteer Activities | 52. <input type="checkbox"/> Personal/Home Computers |
| 15. <input type="checkbox"/> Grandchildren | 34. <input type="checkbox"/> Fashion Clothing | 53. <input type="checkbox"/> Science/New Technology |
| 16. <input type="checkbox"/> Needlework/Knitting | 35. <input type="checkbox"/> Fine/Art Antiques | 54. <input type="checkbox"/> Self Improvement |
| 17. <input type="checkbox"/> Outdoor Gardening | 36. <input type="checkbox"/> Foreign Travel | 55. <input type="checkbox"/> VCR Recording/Viewing |
| 18. <input type="checkbox"/> Sewing | 37. <input type="checkbox"/> Gourmet Cooking/Fine Foods | 56. <input type="checkbox"/> Watching Cable TV |
| 19. <input type="checkbox"/> Walking for Health | 38. <input type="checkbox"/> Wines | 57. <input type="checkbox"/> Watching Sports on TV |

18. From the above list, please indicate the numbers representing the 3 most important activities for:

You

Spouse

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